

JUL 03 2003

This Form Based on PTO/SB/21

**TRANSMITTAL  
FORM**

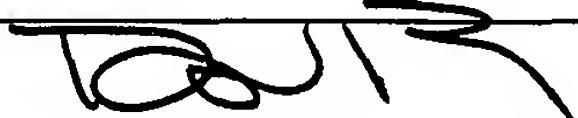
(to be used for all correspondence after initial filing)

Application Number	10/020,944 ✓
Filing Date	Dec. 19, 2001
First Named Inventor	OHMURA et al.
Group Art Unit	2834 ✓
Examiner Name	NGUYEN, TRAN N.
Attorney Docket Number	02-068

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

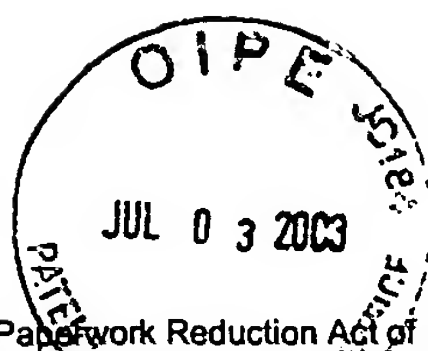
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Posz & Bethards, PLC
Signature	
Date	7.3.03

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. \_\_\_\_\_ on \_\_\_\_\_.

Type or printed name			
Signature		Date	



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<b>FEE TRANSMITTAL</b> <b>for FY 2003</b>  <i>Patent fees are subject to annual revision.</i>		<b>Complete if Known</b>		
		Application Number	10/020,944	
		Filing Date	Dec. 19, 2001	
		First Named Inventor	OHMURA et al.	
		Examiner Name	NGUYEN, TRAN N.	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Group/Art Unit	2834	
TOTAL AMOUNT OF PAYMENT	(\$)	126	Attorney Docket No.	02-068

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  Deposit Account Number: 50-1147  Deposit Account Name: POSZ & BETHARDS, PLC  <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> Payment Enclosed:  <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
<b>FEE CALCULATION</b>		1051	130	2051	65
1. BASIC FILING FEE		1052	50	2052	25
Large Entity	Small Entity	1053	130	1053	130
Fee Code	Fee Code	1812	2,520	1812	2,520
Fee (\$)	Fee (\$)	1804	920*	1804	920*
Fee Description	Fee Description	1805	1,840*	1805	1,840*
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$)		0	
2. EXTRA CLAIM FEES		1251	110	2251	55
Extra Claims	Fee from Below	1252	410	2252	205
Total Claims	27	1253	930	2253	460
Independent Claims	3	1254	1450	2254	725
Multiple Dependent		1255	1970	2255	985
**or number previously paid, if greater; For Reissues, see below		1401	320	2401	160
Large Entity	Small Entity	1402	320	2402	160
Fee Code	Fee Code	1403	280	2403	140
Fee (\$)	Fee (\$)	1451	1,510	1451	1,510
Fee Description	Fee Description	1452	110	2452	55
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)		126	
		1501	1300	2501	650
		1502	470	2502	235
		1503	630	2503	315
		1460	130	1460	130
		1807	50	1807	50
		1806	180	1806	180
		8021	40	8021	40
		1809	750	2809	375
		1810	750	2810	375
		Other fee (specify)			
		Other fee (specify)			
		*Reduced by Basic Filing Fee Paid			
		SUBTOTAL (3)		(\$)	0

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701
Signature		Telephone	(703) 707-9110
		Date	7.3.03

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant commissioner for Patents, Washington, DC 20231.